

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.</small>		AGENCY <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	CHARGE NUMBER <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto; text-align: center;">490-2014-01404</div>
and EEOC			
State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Tommie Lee Dockery		HOME TELEPHONE (Include Area Code) (662) 561-0780	
STREET ADDRESS 3315 Highway 61 North #102, Tunica, MS 38676 [Street Address] PO Box 696, Batesville, MS 38606 [Mailing Address]		CITY, STATE AND ZIP CODE DATE OF BIRTH 11/26/45	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME  TUNICA COUNTY, MISSISSIPPI	NUMBER OF EMPLOYEES, MEMBERS  15 +	TELEPHONE (Include Area Code)  662-363-1294	
STREET ADDRESS  Moon Landing Road		CITY, STATE AND ZIP CODE Tunica, MS 38676  COUNTY Tunica	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> (Other) Family and Medical Leave Act</div> </div>		DATE DISCRIMINATION TOOK PLACE EARLIEST Latest <div style="text-align: right;">January 2014</div> <div style="margin-top: 10px;"><input type="checkbox"/> continuing action</div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I am a sixty-eight (68) year old black male. I have been employed by Tunica County for over nineteen (19) years as a truck driver and road hand. At the time I lost my job, I had been working as a laborer in a truck driven by Bobby Watson, an older employee. Our supervisor made statements to the effect that he did not think we were doing an adequate job, because of our age. Mr. Watson was over seventy (70) years old. Pressure was placed upon us to retire. Statements were also made that we could either retire, or possibly go to work in some other area of the county. After pressure had been placed on us for some time, Mr. Watson decided that he would go ahead and retire. After Mr. Watson decided to retire, Mr. Joe Hawkins, the county and road department manager, called me into his office in January 2014. He stated, "I am going to retire you in June." He said that I was on up in age, and that he was afraid I was going to get hurt on the job. I told my daughter Lenora Pride, 662-578-1132, that I was being forced to retire, and she tried to help me. When she made efforts to help me by talking with county employees on my behalf, Mr. Hawkins called me into his office and turned on a tape recorder. He asked me questions indicating that he was not forcing me to retire, and during the conversation, I told him that I would "go ahead and leave." I did not make this statement voluntarily, but made it only because I was being pressured to retire, and because I thought the county would make it so difficult on me that I would not be able to stay there. I do not want to retire. My retirement was, in fact, involuntary.</p> <p>I request the EEOC to investigate to determine whether I have been discriminated against based upon my age (62), in violation of the Age Discrimination in Employment Act of 1967 (ADEA). I also request the EEOC to direct the county to immediately put me back to work, to direct the county not to take any retaliatory action against me, and to permit me to continue in my role as a laborer. I request back pay until this can be accomplished.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements)	
I declare under penalty of perjury that the foregoing is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date 4-25-14 Charging Party (Signature) <i>Tommie L Dockery</i>		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	
EEOC FORM 5 (Test 10/94)		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>EXHIBIT</b>  <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> </div>	

